



## Comprehensive Anti-Gang Initiative (CAGI) Request for Proposals (RFP)

Through collaboration between the United States Attorney's Office, City of Indianapolis / Marion County, and the Indiana Criminal Justice Institute, a Steering Committee and three subcommittees were formed to plan and execute activities in line with the Attorney General's Comprehensive Anti-Gang Initiative. Committees focusing on prevention, enforcement, and re-entry have met extensively to create a complete synopsis of grant activities, which amount to a proactive three-prong approach to diminish gang activity in Indianapolis.

Applicants for this grant funding will be expected to implement a targeted and proven anti-gang strategy aimed toward youth who have shown documented signs of future gang activity. Applicants will not be making referrals, but instead will be willing to accept youth referred to them who have had some low level contact with the court.

**Crime Prevention:** \$1 million will support comprehensive prevention efforts over a three-year period that focus on addressing the full range of personal, family, and community factors that contribute to juvenile delinquency and gang activity. The Crime Prevention Subcommittee intends to reduce the occurrence of youth gang crime and precursor gang crime incidents, and to increase positive outcomes for youth at high risk for gang involvement through targeted, evidence-based gang prevention. The boundaries for this grant are based on Indianapolis zip codes, 46201, 46208, 46218, 46222, and 46224.

The crime prevention component includes both prevention and intervention activities. Gang prevention activities will target children ages 7-13. The committee has allocated funds to supplement existing prevention activities in the community through a competitive sub-granting process.

The committee encourages crime prevention activities furthering priorities of the Search Institute's 40 Developmental Assets®, which are nationally-recognized concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults. The subcommittee encourages attention to the development of strong decision-making, communication, and conflict resolution skills. Prevention programming will transition to intervention activities for youth ages 14-18. As with prevention activities, existing intervention programs will be expanded and enhanced through competitive sub-granting.

Awarded funds may be approved for one year at a time. The amount requested may range from a minimum of \$5,000.00 up to a maximum amount of \$100,000.00. Awarded funds must be spent in the agreed manner and within the allotted time limits (one year from the date awarded unless otherwise specified). Eligible funding is restricted to programs/projects which exclusively serve Marion County, Indiana and focus on the reduction of gang violence within the Eastside and Westside target areas (Zip Code boundaries mentioned above). Applications that exceed (8) pages **refer to instructions on page 3** and/or do not follow the included instructions will not be considered. Please read the included information carefully.

The deadline for submission is Monday, July 14, 2008, 5:00 p.m. Faxed or late submissions will not be accepted. Potential bidders will be required to attend a mandatory orientation session conducted on Wednesday, June 25, 2008, 9:00 a.m. at IMPD North District Headquarters, 3120 E. 30<sup>th</sup> Street. Please send completed proposal plus 10 copies to:

Terrie Grantham  
Indiana Criminal Justice Institute  
101 W. Washington Street, Suite 1170 East Tower  
Indianapolis, IN 46204  
(317) 232-1230  
[tgrantham@cji.in.gov](mailto:tgrantham@cji.in.gov)

**Funding Request Cover Sheet**  
**Requesting Organization Information**

|                      |        |        |
|----------------------|--------|--------|
| Applicant Agency:    |        |        |
| Authorized Official: | Title: |        |
| Address:             |        |        |
| City, State:         | Zip:   | Email: |
| Phone:               | Fax:   |        |

|                                |        |        |
|--------------------------------|--------|--------|
| Project Director:              | Title: |        |
| Agency:                        |        |        |
| Address:                       |        |        |
| City, State:                   | Zip:   | Email: |
| Phone:                         | Fax:   |        |
| Project Director's Supervisor: | Title: |        |
| Phone:                         | Email: |        |

|                                       |        |  |
|---------------------------------------|--------|--|
| Financial/Fiscal Officer:             | Title: |  |
| Agency:                               |        |  |
| Address:                              |        |  |
| City, State:                          | Zip:   |  |
| Phone:                                | Email: |  |
| Employer Identification Number (EIN): |        |  |

Is your organization an IRS 501(c)(3) not-for profit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Faith based organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If no*, is your organization a public agency/unit of government? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of persons to be served: \_\_\_\_\_ Geographic area served: \_\_\_\_\_

Funds are being requested for (Check all that apply)  
 \_\_\_\_\_ Prevention/Intervention (Must be Anti-Gang Related)      \_\_\_\_\_ Program Enhancement (Must be Anti-Gang Related)  
 Age Group(s) Served: (Reporting for each age group will be mandatory)  
 Ages: 7-13 \_\_\_\_\_ Ages: 14-18 \_\_\_\_\_

Project Period Begin Date: \_\_\_\_\_ Project Period End Date: \_\_\_\_\_

Project Title: \_\_\_\_\_  
 \_\_\_\_\_

Total project budget request from CAGI: \$ \_\_\_\_\_

Total annual organization budget: \$ \_\_\_\_\_

**Instructions:**

You may submit a maximum of eight (8) pages (8 ½"X11") to provide the information requested below, plus pages # 2, 5, 6, 7 and 8 of this packet are required. Title each section to correspond with the sections below. Responses must be in 12 point font.

- I. **Organizational Information:** Provide a description of your organization along with a history of your current anti-gang related activities. (Please provide any statistical information and/or anecdotal success stories)
- II. **Program/Project Purpose:** Describe how you will use the awarded funds to serve the youth referred to your program from the Court in the age groups 7-13 and/or 14-18.
- III. **Program/Project Implementation:** Define how you intend to implement the program/project including staffing, equipment, and supply requirements.
- IV. **Work Plan:** Describe the goals, objectives, timeline, and anticipated outcomes of gang prevention (ages 7-13) and gang intervention (ages 14-18).
- V. **Evaluation Plan:** How will you evaluate whether the program/project has been successful? Please include performance measures.
- VI. **Collaborative Partners:** Do you have Collaborative partners in this program/project? If so, please attach a signed letter of commitment from them on their letterhead.
- VII. **Sustainability:** What is the future fiscal plan for this project/program?
- VIII. **Budget Information:** Complete the attached program/project budget worksheet and include a budget narrative, which explains each line item for which Comprehensive Anti-Gang Initiative funds are being requested. **DO NOT include the entire agency's total budget; include only that portion related to this program/project.**

## **Budget Worksheet and Narrative Instructions**

### **Supplanting**

The Office of Justice Programs describes supplanting as "...federal funds will not be used to replace state or local funds that would, in the absence of federal aid, be made available for law enforcement, criminal justice, victim compensation and assistance and drug enforcement." Award funds are to be used to increase the amount of funds that would, in the absence of federal funds, be budgeted by the Applicant Agency for criminal justice activities. An award recipient shall not use federal award funds to pay for programs that the recipient already is obligated to pay or has funded.

**A. Personnel Costs** – List each position by title only. Indicate the percentage of each position's work time that will be devoted to this project. Be aware of overtime costs and bargaining unit contracts. Time and attendance records must be maintained. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

**B. Contracted Services** - Provide a description of the product or service to be procured by contract and an estimate of the not to exceed cost.

**C. Equipment** – Equipment must be necessary to the project. Excessive equipment is considered as a reason to deny a proposal. Any expendable supplies must be included under **Operating Expenses**. Items costing less than \$1,000 may be considered consumable supplies and should be budgeted as an operating expense.

**D. Operating Expense** – Expendable supplies, postage, printing, equipment under \$1,000, etc. (No indirect)

### **Unallowable Expenses**

- Food expense
- Rent or Lease
- Telephones
- Insurance
- Confidential funds

## Budget Detail Worksheet

| A. Personnel – Use title of position(s), no names | New Hire                 | % of Time on Project | Amount funded by Agency/Organization | Federal Amount requested in this proposal |
|---|--------------------------|----------------------|--------------------------------------|---|
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
|   | <input type="checkbox"/> |                      |                                      |   |
| <b>TOTAL</b>                                      |                          |                      |                                      |   |

| B. Contract Services | Amount funded by Agency/Organization | Amount |
|----------------------|--------------------------------------|--------|
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
|                      |                                      |        |
| <b>TOTAL</b>         |                                      |        |

| C. Equipment | Amount funded by Agency/Organization | Amount |
|--------------|--------------------------------------|--------|
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
|              |                                      |        |
| <b>TOTAL</b> |                                      |        |



## Budget Narrative

**INSTRUCTIONS:** In each appropriate box, provide a narrative description of the funding requested in each category. **As you type down the box will expand to accommodate your text.**

### Personnel

### Contracted Services

### Equipment (Expendable supplies must be included under Operating Expenses.)

### Operating Expenses

## APPLICATION SIGNATURE PAGE AND AGREEMENT

### AGREEMENT

As a recipient of Southern District of Indiana **Comprehensive Anti-Gang Initiative** funding, my agency agrees to abide by all the regulations related to the federally funded initiatives. We further agree to complete all program reports required by Southern District of Indiana **Comprehensive Anti-Gang Initiative** in a timely manner. We agree not to discriminate against any participant on the basis of age, gender, religion or ethnic heritage. We understand our agency may be audited as a result of receiving Southern District of Indiana Comprehensive Anti-Gang Initiative funds. We also understand that Southern District of Indiana Comprehensive Anti-Gang Initiative is issued on a reimbursable basis, based on properly submitted supporting documentation.

| Applicant Agency/Organization's Authorized Official |  |        |  |
|---|--|--------|--|
| Name<br>Printed:                                    |  | Title: |  |
| Signature:  |  | Date:  |  |
| Agency:   |  |        |  |

| Fiscal Agent/Organization's Authorized Official |  |        |  |
|---|--|--------|--|
| Name<br>Printed:                                |  | Title: |  |
| Signature:                                      |  | Date:  |  |
| Agency:   |  |        |  |